

U.S. Department of State MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET

For use with DS-2053

OMB No. 1405-0113 EXPIRATION DATE: 05/31/2007 ESTIMATED BURDEN: 35 minutes (See Page 2 - Back of Form)

Name (Last, First, MI)			Exam Date <i>(mm-dd-yyyy)</i>
Passport Number		Alie	n <i>(Case)</i> Number
isease (emphysema) No isease (emphysema) No Yes No npairment telligence, self care, memory, etardation) quired for medical reasons ubstance (drug) pocaine, hallucinogens, inhalants, ative-hypnotics, and anxiolytics is (including alcohol addiciton or	atment after re- rified by a phy- No Yes \text{\tin\text{\texi{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\text{\text{\	Ever caused SER property damage medical condition drugs Obstetrics and Ser Pregnancy Last menstrual pregnancy Endocrinology and Diabetes mellitus Thyroid disease History of malar Other Malignancy, spechosomer of the patitis Hansen's Disease Tuberculoid OR Paucibis Treated Visible disabilities	AlOUS injury to others, caused MAJOR or had trouble with the law because of in, mental disorder, or influence of alcohol or exually Transmitted Diseases Fundal height cm Deriod Date (mm-dd-yyyy)
2. Physical Examination <i>(indicate findings and give details in Remarks)</i> No Yes Applicant appears to be providing unreliable or false information, specify			
/min Respiratory rate/ , normal; A, abnormal; ND, no utritional status [include dental) b) [min Co	Inguinal region (A Extremities (incl.) Musculoskeletal Skin (including consistent with Lymph nodes Nervous system Mental status	R 20/ Including adenopathy) uding pulses, edema) system (including gait) hypopigmentation, anesthesia, findings self-inflicted injury or injections) (including nerve enlargement) (including mood, intelligence, perception, es, and behavior during examination)
	s requiring medication or other tree as been reported, has not been verification (including psychiatric) Ilization (including psychiatric) Including psychiatric) Including psychiatric) Including psychiatric) Including psychiatric) Including psychiatric Including psych	Steepuiring medication or other treatment after ras been reported, has not been verified by a principle in the providing psychiatric	Requiring medication or other treatment after resettlement and grass been reported, has not been verified by a physician, and should No Yes Ever caused SEH property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property described in the property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property described in the property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property described in the property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property described in the property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property described in the property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property damage medical condition drugs Obstetrics and St. Pregnancy Last menstrual property Diabetes mellitus Chronic renal dia described Chronic renal dia d

3. Additional Testing Needed Prior to Approving Medical Clearance			
No Yes			
	Physical examination or laboratory results contradict medical history		
	Referral prior to departure If yes, provide results		
	Referral prior to departure If yes, provide results		
	Referral prior to departure. If yes, provide results		
4. Follow	r-up Needed After Arrival		
∏ No	Yes, within 1 week Yes, within 1 month Yes, within 6 months		
☐ For	continuing medication, list type, dose, and frequency		
☐ For	continuing other treatment, specify		
🗀 . "	Continuing other deathlone, openly		
5. Remar	ks (describe any abnormal history, abnormal findings, and resulting interventions)		
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	PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES		
	Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: the U.S. Department of State (A/RPS/DIR) Washington, DC 20520.		
	We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the Department of Homeland Security (DHS) for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).		